	PATENY	APPLICATIO Effect	IN FEE D Iv Octob	10025947								
CLAIMS AS FILED - PART (Column 2)									ш Э	OR	OTHER	
TOTAL CLAIMS			79				[	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			39 minus 20≈		• 54			X\$ 8=	231	OR	X\$18a	
INDEPENDENT CLAIMS			S minus 3 =		• 2		ı	X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "O" in column 2								TOTAL	985	OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER SMALL	
-	2-1-46	(Cotumn 1)		(Colur		(Column 3)	1 6	SHALL O	ADDI-		OMPACE (	ADDI-
MTA		REMAINING AFTER AMENDMENT		PRIEVIC PAID	JUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT	Total .	. 36	Minus	4 7	9	•/		X\$ 9=	0	OR	X\$18=	
A E	Independent	<u> </u>	Minus		<u>6</u>	<b>F</b>	l	X42=	8	OR	X84=	
	FIRST PRESE	NTATION OF M	GLI IPLE DE	PERUENI	CUNIM		ı	+140=		OR	+280=	
	10/	•					L	YOTAL	<i>p</i> )	OR	YOTAL ADDIT FEE	
8	19/66	(Column 1)		(Catus	mn 2)	(Cotumn 3)		DOIT. FEE	-6		AUUII. PEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDICENT		HIGH NUM PREVIO PAID	BEA CUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	.36	Minus	- 2	2_	· D		X\$ 9=	0	OR	X\$18=	
AME	Independent	NTATION OF ME	Minus ILTIPLE DE	PENDEM	CLAIM	1-6	I	X42=	0	OR	X84=	
								+140=		OR	+280=	
							Ā	TOTAL DOTT. FEE		OR	TOTAL ADDIT. FEE	
	100 100 100 100 100	(Column 1)		(Colum		(Column 3)						•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.76	Minus	- 34			IT	X5 9=	/	OR	X\$18=	
	Independent	• 6	Minus	(	2	.0		X42=	,	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=			1000	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
If the Piliphest Number Proviously Paid For IN THIS SPACE is less than 20, enter 20."  ADDIT. FEEOR ADDIT.												
•	The "Highest Nur	ther Previously Pal	d For (Total o	r independ	ent) is the	highest numbe	er flouri	d in the app	ropriste ba	etn col	umn 1.	

**Application or Docket Number**